



**DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF PODIATRY LICENSURE CHECKLIST**



Please use the provided checklist to assist in the application process. It is **IMPORTANT** to send all of the required supporting documents listed below based on the method by which you are applying for licensure.

**PODIATRIST BY
EXAMINATION**

Checklist of **REQUIRED** Documents:

A complete signed application for DC License
Two (2) recent passport photos (2" X 2")
Social Security Number or a Sworn Affidavit
Photocopy of a government issued **photo ID** (*such as valid driver's license*)
Name Change Document (Marriage Certificate, Divorce Decree or Court Order), if applicable.
Official Podiatry School Transcript
NBPME – Certified National Exam Results – Parts 1 and 2
Part 3- Passing score is 75 or above
Official Letter of completion of Residency Program and a copy of Residency Certificate
Three (3) Professional References
A copy of an active CPR certification
\$264 for Application and License Fee must be in the form of Check, Money Order or Certified Check, payable to DC TREASURER.
Criminal Background Check – to schedule an appointment call **1-877-614-4364** or go to <https://dchealth.dc.gov/node/1423186>

**PODIATRIST
BY ENDORSEMENT**

Checklist of **REQUIRED** Documents:

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Part 3- Passing score is 75 or above

Official Letter of completion of Residency Program and a copy of Residency Certificate

Three (3) Professional References
Letter of verification from each state of licensure
A copy of an active CPR certification
\$264 for Application and License Fee must be in the form of Check, Money Order or Certified Check, payable to DC TREASURER.
Criminal Background Check – to schedule an appointment call **1-877-614-4364** or go to <https://dchealth.dc.gov/node/1423186>

8/13/2019

899 North Capitol Street, N.E., First Floor, Washington, DC 20002 Telephone (877) 672-2174 Fax (202) 727-8471

PLEASE INCLUDE THIS FORM WITH YOUR APPLICATION